

AFFIDAVIT FOR CORRECTION OF FORM 1099-G

INSTRUCTIONS: Please provide all information requested below, review the certification, and sign and date this form. Submit your completed form along with a copy of your photo identification by email to: dloi1099-labor@maryland.gov. Please retain a copy of this form and to be able present it upon request. The Department will contact you via e-mail or telephone if there are questions. By attesting below, you are indicating that although you did receive a 1099-G Form indicating that you received unemployment insurance benefits there was an error on the form.

CLAIMANT INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip code: _____

Claimant Identification Number or Last Four Digits of Social Security Number: _____

Claimant E-mail Address: _____ Claimant Telephone Number: _____

Choose the basis for your request for a corrected 1099-G and provide any additional details in the area provided below.

I did receive benefits in calendar year 20____; however, the amount of benefits listed is incorrect. I received benefits in the amount of: _____ .

I did not apply for or receive unemployment insurance benefits in calendar year 20____.

I did apply for unemployment insurance benefits, but did not receive any benefits in calendar year 20____.

I received benefits, but the correct dates for benefits received are: _____

Other (Explain the circumstances with all relevant dates.): _____

CERTIFICATION

I, _____ (print full name), declare under penalty of perjury that the foregoing is true and correct. Further, I certify under penalty of the identity theft and identity fraud laws of the United States and the State of Maryland that I am the individual completing this affidavit. I understand that a decision will be made based on the information I have provided and that the law provides penalties for false statement or the withholding of facts. **Please note if after filing this affidavit it is proven that your statements are false it will be considered fraud and remedies will be pursued as allowable under the law.**

Signature: _____ Date: _____